

ADULT

BASIC LIFE SUPPORT GUIDELINE

AUTOMATIC EXTERNAL DEFIBRILLATION

IF PUBLIC ACCESS DEFIBRILLATOR (PAD) IS UTILIZED PRIOR TO YOUR ARRIVAL, SWITCH FROM PAD TO YOUR DEFIBRILLATOR AND PROCEED WITH GUIDELINE.

INDICATIONS:

- Sudden cardiac arrest patients
- AND
- Patients who are unresponsive, without pulse or respiration.

POTENTIAL ADVERSE EFFECTS:

- Burns to skin
- Injury to patient, self and /or bystander
- Deactivation of patient's implanted pacemaker

CONTRAINDICATIONS:

- Apparent death
- Child less than 8 years of age and/or 55 pounds in weight (use pediatric AED guideline)
- Patients who are conscious with stable or unstable cardiac signs and symptoms

PRECAUTIONS

- Make sure patient and environment are dry
- Avoid placing pads over pacemakers and or internal defibrillators
- Remove nitroglycerin and or other patches from chest
- DO NOT touch the patient while the AED is assessing the patient or charging.
- Ensure that no one is touching the patient when the shock button is pushed
- Avoid defibrillation while moving the patient or when in a moving ambulance
- Although seldom effective for the patient suffering major traumatic injury, consider possibility of cardiac arrest as cause of traumatic event
- Remove oxygen from patient and place cylinder a safe distance from patient before using AED

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.

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1. Use BSI precautions. Perform an initial assessment. If pulseless and non-breathing (in cardiac arrest):
 - For one-person EMS response, continue with AED protocol.
 - For two-person EMS response, begin one-rescuer CPR while partner continues with AED protocol.
2. If Public Access Defibrillator has been used on patient, remove and switch to agency provided defibrillator.
3. Turn on or open defibrillator and apply electrodes according to manufacturer instructions.
4. Stop CPR, clear patient and begin analysis of rhythm:
 - If a shockable rhythm is determined by AED, continue with protocol.
 - If no shockable rhythm is determined by AED, and pulse is absent, continue CPR using appropriate interventions, such as bag-valve mask, airway and oxygen. Reassess patient every two to three minutes. Contact On-Line Medical Control for transport determination.
5. Clear patient and deliver initial shock.
6. Re-analyze rhythm. (If, after any rhythm analysis, the AED advises no shock, check pulse, continue CPR.)
7. If AED advises, clear the patient and deliver second shock.
8. Re-analyze rhythm.
9. If AED advises, clear and deliver third shock.
10. Check for pulse:
 - If pulse is present and adequate check respirations. If respiration is adequate, provide high flow oxygen via non- rebreather. If inadequate respiration, insert airway and ventilate by bag-valve mask with oxygen.
 - If no pulse or inadequate pulse, perform CPR for one minute.
11. Repeat rhythm analysis:
 - If shock advised, deliver, as necessary, another set of three stacked shocks.
 - If no shock advised, transport promptly.
12. If unable to contact On-Line Medical Control, or if no ALS is coming to scene, transport patient as soon as one of the following occurs:
 - The patient regains a pulse.
 - A maximum of 6 shocks are delivered.
 - The AED gives three consecutive messages (separated by one minute of CPR) that no shock is advised.

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13. If transport is impossible, (or transport ambulance not yet on scene), continue sequence of 3 stacked shocks followed by 1 minute of CPR for as long as a shockable rhythm persists.
14. For any further questions contact On-Line Medical Control. On-Line Medical Control is the only source that may direct you to discontinue resuscitative efforts.
15. Continue patient care en route.

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